

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000034334**

1. Corporation Name

CRAIG R. ZOBEL, P.A.

Principal Place of Business

Mailing Address

~~515 N FLAGLER DR
THIRD FLOOR PAVILION
W PALM BEACH FL 33401
US~~

250 NW 20TH AVE
BOCA RATON FL 33486
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

250 NW 20th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boca Raton, FL

City & State

City & State

Zip

Country

Zip

Country

33486 Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1996

5. FEI Number

65-0658428

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZOBEL, CRAIG R	250 NW 20TH AVE	BOCA RATON FL 33486

200024014852
10/22/03--01055--020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZOBEL, CRAIG R
250 NW 20TH AVE
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-17-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-03 (SGI) 447-7809

CR2E040 (7/03)

LAW OFFICES OF
CRAIG R. ZOBEL, P.A.
250 N.W. 20TH AVENUE
BOCA RATON, FLORIDA 33486-3143
(561) 447-7809

Division of Corporations.
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

10-17-03

Enclosed please find an Application
for Reinstatement and check in the amount
of \$150.00. The Annual Report for
Craig R. Zobel, P.A. was not received.

Thank you for your prompt
attention to this matter.

Sincerely,
CRAIG R. Zobel, P.A.

By: Craig R. Zobel
Craig R. Zobel, President